|  | Ur                 | nited States Environn                 | nental Protection /                   | Agency       |                             | Work Assignment N             | lumber                                |          |  |
|--|--------------------|---------------------------------------|---------------------------------------|--------------|-----------------------------|-------------------------------|---------------------------------------|----------|--|
| EPA  |                    | Washington, DC 20460  Work Assignment |                                       |              |                             | Other Amendment Number:       |                                       |          |  |
|  |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| Contract Number  |                    | Contract Period 10                    | tract Period 10/01/2014 To 09/30/2018 |              |                             |                               | Title of Work Assignment/SF Site Name |          |  |
| EP-D-14-031 Base Option Pe   |                    |                                       |                                       |              | AEROALLERGENS AND WILDFIRES |                               |                                       |          |  |
| Contractor Specify Section and paragraph of Contract SOW   |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| INDUSTRIAL ECONOMICS, INCORPORATED   |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| Purpose: X Work Assignment  Work Assignment Close-Out  |                    |                                       |                                       |              |                             | Period of Performance         |                                       |          |  |
| Work Assignment Amendment Incremental Funding  |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| X Work Plan Approval   |                    |                                       |                                       |              |                             | From 10/01/2017 To 09/30/2018 |                                       |          |  |
| Comments:  |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| THE PURPOSE OF THIS ACTION IS TO APPROVE THE CONTRACTOR'S WORK PLAN AND BUDGET DATED NOVEMBER 1, 2017 FOR A  |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| NOT TO EXCEED AMOUNT OF \$211,591.40 AND 1588.5 LOE HOURS. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.  THE WORK DOES NOT DUPLICATE ANY WORK PREVIOUSLY PERFORMED UNDER MY AUTHORITY. |                    |                                       |                                       |              |                             |                               |                                       |          |  |
|  |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| Superfund Accounting and Appropriations Data  X Non-Superfund  |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| Note: To report additional accounting and appropriations date use EPA Form 1900-69A.   |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| (Max 2)  |                    |                                       |                                       | •            |                             |                               |                                       |          |  |
| g DCN Bud  | get/FY Appropriati | on Budget Org/Code                    | Program Element                       | Object Class | Amount (Do                  | ollars) (Cents)               | Site/Project                          | Cost     |  |
|  | lax 4) Code (Max   |                                       | (Max 9)                               | (Max 4)      | Allouin (50                 | mais, (come,                  | (Max 8)                               | Org/Code |  |
| 1  |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| 2  |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| 3  |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| 4  |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| 5  |                    |                                       |                                       |              |                             | •                             |                                       |          |  |
| Authorized Work Assignment Ceiling   |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| Contract Period: Cost/Fee: \$0.00 LOE: 0   |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| 10/01/2014 To 09/30/2018   |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| This Action:   |                    | \$211,591.                            | 40                                    |              | 1,589                       |                               |                                       |          |  |
| 00.00  |                    |                                       |                                       |              |                             | 2                             |                                       | -        |  |
| Total: \$0.00 0  |                    |                                       |                                       |              |                             |                               |                                       |          |  |
| Work Plan / Cost Estimate Approvals  |                    |                                       |                                       |              |                             |                               |                                       |          |  |
|  | 1/01/2017          |                                       |                                       |              |                             | LOE: 1,589<br>LOE: 0          |                                       |          |  |
| Cumulative Approved: Cost/Fee \$0.00   |                    |                                       |                                       |              |                             | 0                             |                                       |          |  |
| Work Assignment Manager Name Neal Fann   |                    |                                       |                                       |              |                             | Branch/Mail Code:             |                                       |          |  |
|  |                    |                                       |                                       |              |                             | Phone Number: 919-541-0209    |                                       |          |  |
|  | (Signature)        |                                       | (Date)                                |              |                             | FAX Number:                   |                                       |          |  |
| Project Officer Name Lorraine Reddick  |                    |                                       |                                       |              |                             | Branch/Mail Code:             |                                       |          |  |
|  |                    |                                       |                                       |              |                             | Phone Number: 202-564-1293    |                                       |          |  |
| (Signature) (Date)   |                    |                                       |                                       |              |                             | FAX Number:                   |                                       |          |  |
| Other Agency Official Name   |                    |                                       |                                       |              |                             | Branch/Mail Code:             |                                       |          |  |
|  |                    |                                       |                                       |              |                             | Phone Number:                 |                                       |          |  |
|  | (Signature)        |                                       | (Date)                                | FAX          | Number:                     |                               |                                       |          |  |
| Contracting Official Name Andrew Flynn   |                    |                                       |                                       |              |                             | Branch/Mail Code:             |                                       |          |  |
| 11-20-17   |                    |                                       |                                       |              |                             | Phone Number: 919-541-2674    |                                       |          |  |
| (Signature) (Date)   |                    |                                       |                                       |              |                             | FAX Number: 919-541-0611      |                                       |          |  |